Texas State Board of Examiners of Dietitians Name: __ 1100 West 49th Street License No.: -Austin, Texas 78756-3183 Continuing Education Period (512) 834-6601 From: _____ To: STATEMENT OF CONTINUING EDUCATION 1. 22 Texas Administrative Code, §711.17(b), mandates proof of having earned a minimum of six (6) clock hours of continuing education credit as required at the time of renewal of each license. In the spaces provided below list the continuing education (CE) activities which you have attended or completed. Use an extra sheet of paper if necessary or copy this form. The number of hours claimed must equal or exceed (6) six during your one-year license period. Please submit transcripts for coursework completed at an accredited college or university. Completion of college coursework must be evidenced by a certificate of successful completion or an official transcript. Do not send send certificates or documentation for other CE activities attended. Continuing education undertaken by a licensee for renewal shall fall into those categories set out in 22 TAC §711.17(g). TITLE OF PROGRAM DATE CREDIT HOURS LOCATION **SPONSOR** TOTAL NUMBER OF HOURS _____ ATTESTATION: I certify that I did attend, participate in, or complete the above listed activities on the dates indicated for the number of hours specified. I understand that the Texas State Board of Examiners of Dietitians (TSBED) randomly audits renewal applications, and that my application may be selected for audit. If my application is selected for audit, I will furnish documentation satisfactory to the TSBED to prove that I did fulfill the CE requirements for license renewal. I understand that knowingly providing false information of any kind could be just cause for revocation or suspension of my license. I understand that it is a violation of Board rules and the Texas Penal Code, Section 37.10, to submit a false statement to a government agency. I certify that all of the above is true and correct. Signature of

Date ___

Renewal Applicant _